

FILED NOV 20 1957

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **40745**

BIRTH NO. _____		REG. DIST. NO. <u>154</u>		PRIMARY REG. DIST. NO. <u>5575</u>		Registrar's No. <u>99</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived) (If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>			
b. CITY <u>Perryville</u> OR TOWN <u>Hickman</u> LENGTH OF STAY (in this place) <u>4 mo.</u>				c. CITY (If outside corporate limits, write RURAL, and give township) <u>Holden, Mo.</u> OR TOWN <u>Holden, Mo.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>				d. STREET ADDRESS (If rural, give location) <u>Holden, Mo.</u>			
3. NAME OF DECEASED (Type or Print) <u>Mary Suzanne</u>		b. (Middle) <u>Badenhamer</u>		c. (Last) <u>Badenhamer</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 12 1957</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, DIVORCED (Specify) <u>Baby</u>		8. DATE OF BIRTH <u>Dec. 1, 1956</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Warrensburg</u>		9. AGE (In years last birthday) <u>11</u> IF UNDER 1 YEAR Months <u>13</u> Days <u>13</u> IF UNDER 24 HRS. Hours <u>13</u> Min.	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Jim Ross Badenhamer</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Helen Park</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If no, or unknown)		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Jim R. Badenhamer</u>		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute pulmonary edema</u>				INTERVAL BETWEEN ONSET AND DEATH <u>48 hrs</u>			
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <u>Intracranial pressure</u> <u>life</u>			
DUE TO (c) <u>Hydrocephalus</u> <u>life</u>							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <u>2</u>		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		752X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan</u> , 1957, to <u>Nov 12</u> , 1957, that I last saw the deceased alive on <u>Nov 12</u> , 1957, and that death occurred at <u>4 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Paul Lowell M.D.</u>				23b. ADDRESS <u>711 W 46th St</u>		23c. DATE SIGNED <u>Nov 12 1957</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-14-1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Holden Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Holden Missouri</u>	
DATE REC'D BY LOCAL REG. <u>11/14/57</u>		REGISTRAR'S SIGNATURE <u>Sterling E. Goodard</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Canada & Rose Holden</u> ADDRESS <u>Holden, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

NOV 19 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Samuel B. Ropp

Licensed Embalmer No. *4844*

P. O. Address *Holden, Me*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.